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HEALTH HERO NETWORK, INC.			NASSER, ROBERT L	
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Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)		
	10/605,547	STEPHEN J. BROWN	STEPHEN J. BROWN	
Office Action Summary	Examiner	Art Unit	., .	
	Robert L. Nasser	3735		
The MAILING DATE of this communication apperiod for Reply	opears on the cover sheet v	vith the correspondence address	_	
A SHORTENED STATUTORY PERIOD FOR REPL WHICHEVER IS LONGER, FROM THE MAILING E - Extensions of time may be available under the provisions of 37 CFR 1. after SIX (6) MONTHS from the mailing date of this communication If NO period for reply is specified above, the maximum statutory period - Failure to reply within the set or extended period for reply will, by statut Any reply received by the Office later than three months after the mailinearned patent term adjustment. See 37 CFR 1.704(b).	DATE OF THIS COMMUN .136(a). In no event, however, may a d will apply and will expire SIX (6) MC te, cause the application to become A	ICATION. reply be timely filed NTHS from the mailing date of this communication. BANDONED (35 U.S.C. § 133).		
Status				
1) Responsive to communication(s) filed on 2a) This action is FINAL . 2b) This action is application is in condition for allowed closed in accordance with the practice under	is action is non-final. ance except for formal ma	•		
Disposition of Claims				
4) Claim(s) 1-82 is/are pending in the application 4a) Of the above claim(s) is/are withdra 5) Claim(s) is/are allowed. 6) Claim(s) 1-82 is/are rejected. 7) Claim(s) is/are objected to. 8) Claim(s) are subject to restriction and/ Application Papers 9) The specification is objected to by the Examin 10) The drawing(s) filed on is/are: a) acceptance and application and acceptance are subjected to by the examin acceptance are subjected acceptance are subjected as a subject are subjected acceptance are subjected as a subject are subjected acceptance are subjected as a subject acceptance are subjected as	or election requirement.	by the Examiner.		
Applicant may not request that any objection to the Replacement drawing sheet(s) including the correct 11) The oath or declaration is objected to by the E	ction is required if the drawin	g(s) is objected to. See 37 CFR 1.121(d).		
Priority under 35 U.S.C. § 119				
12) Acknowledgment is made of a claim for foreign a) All b) Some * c) None of: 1. Certified copies of the priority document 2. Certified copies of the priority document 3. Copies of the certified copies of the priority application from the International Bureat* See the attached detailed Office action for a list	nts have been received. Into have been received in a contract of the latest that the latest the latest that the latest t	Application No n received in this National Stage		
Attachment(s) 1) ☑ Notice of References Cited (PTO-892) 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948) 3) ☑ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08 Paper No(s)/Mail Date	Paper No	Summary (PTO-413) (s)/Mail Date Informal Patent Application (PTO-152)		

U.S. Patent and Trademark Office PTOL-326 (Rev. 7-05)

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Claim 1 is objected to in that in line 7, the word from is spelled form.

Claims 7, 30, 52, and 71 is objected to in that none of the sensors in the monitoring device monitor air flow, which is measured by claim 1.

A rejection based on double patenting of the "same invention" type finds its support in the language of 35 U.S.C. 101 which states that "whoever invents or discovers any new and useful process ... may obtain a patent therefor ..." (Emphasis added). Thus, the term "same invention," in this context, means an invention drawn to identical subject matter. See *Miller v. Eagle Mfg. Co.*, 151 U.S. 186 (1894); *In re Ockert*, 245 F.2d 467, 114 USPQ 330 (CCPA 1957); and *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970).

A statutory type (35 U.S.C. 101) double patenting rejection can be overcome by canceling or amending the conflicting claims so they are no longer coextensive in scope. The filing of a terminal disclaimer <u>cannot</u> overcome a double patenting rejection based upon 35 U.S.C. 101.

Claims 1-23 are provisionally rejected under 35 U.S.C. 101 as claiming the same invention as that of claims 1-23 of copending Application No. 11/221873. This is a <u>provisional</u> double patenting rejection since the conflicting claims have not in fact been patented.

Claims 24-45 are provisionally rejected under 35 U.S.C. 101 as claiming the same invention as that of claims 24-45 of copending Application No. 11/221873. This is a <u>provisional</u> double patenting rejection since the conflicting claims have not in fact been patented.

The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the conflicting claims are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the

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reference claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement.

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

Claims 1-82 are rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-12 of U.S. Patent No. 5307263 in view of Dunning 4296796. Although the conflicting claims are not identical, they are not patentably distinct from each other because the current claims are much broader than the patented claims and, as such, are anticipated by the claims. In addition, Dunning teaches that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention. Hence, it would have been obvious to modify the prior invention to measure airflow, to provide as much data as possible to medical personnel, to enable an accurate diagnosis.

Claims 1-82 are rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-51 of U.S. Patent No. 55899855 in view of Dunning 4296796. Although the conflicting claims are not identical, they are not patentably distinct from each other because the current claims are much broader than the patented claims and, as such, are anticipated

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by the claims. In addition, Dunning teaches that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention. Hence, it would have been obvious to modify the prior invention to measure airflow, to provide as much data as possible to medical personnel, to enable an accurate diagnosis.

Claims 1-82 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 34-138 of U.S. Application 09/237194 in view of Dunning 4296796. Although the conflicting claims are not identical, they are not patentably distinct from each other because the current claims are much broader than the patented claims and, as such, are anticipated by the claims. In addition, Dunning teaches that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention. Hence, it would have been obvious to modify the prior invention to measure airflow, to provide as much data as possible to medical personnel, to enable an accurate diagnosis.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting claims have not in fact been patented.

Claims 1-82 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-51 of copending Application No. 10/981872 in view of Dunning et al. Although the conflicting claims are not identical, they are not patentably distinct from each other because the current claims are broader versions of the patented claims, and, as such, are covered by the patented claims. In addition, Dunning teaches

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that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting claims have not in fact been patented.

Claims 1-82 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-89 of copending Application No. 11/004135 in view of Dunning et al. Although the conflicting claims are not identical, they are not patentably distinct from each other because the current claims are broader versions of the patented claims, and, as such, are covered by the patented claims. In addition, Dunning teaches that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting claims have not in fact been patented.

Claims 1-82 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-64 of copending Application No. 11/004134. In addition, Dunning teaches that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention. Although the conflicting claims are not identical, they are not patentably distinct from each other because the current claims are broader versions of the patented claims, and, as such, are covered by the patented claims. In addition, Dunning teaches that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting claims have not in fact been patented.

Claims 1-82 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 1-56 of copending Application No. 11/119335 in view of Dunning et al. Although the conflicting claims are not identical, they are not patentably distinct from each other because the current claims are broader versions of the patented claims, and, as such, are covered by the patented claims. In addition, Dunning teaches that airflow is a known parameter to be monitored in a system of the type of the previously claimed invention.

This is a <u>provisional</u> obviousness-type double patenting rejection because the conflicting claims have not in fact been patented.

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

Claims 46-51, 53-55, 61-63, and 65, are rejected under 35 U.S.C. 102(b) as being anticipted by Dunning et al 4296756. Claim 46 is rejected in that

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Dunning shows a system including a microprocessor 32, a display 30, and a memory 34, the memory storing operating code for the processor, see column 7, line 1-5, which code causes the processor to display info on display 30, process airflow data, and transmit the data to the central computer. Claim 47 is rejected in that the air flow data is exhalation data. Claims 48 and 49 are rejected in that the system is used for monitoring patient's with chronic respiratory disease.

Claims 50 and 51 are rejected in that there is a sensor attached to a data management unit 38. Claim 53 is rejected in that part of the system can be hand held. Claims 54 and 55 are rejected in that the device is capable of displaying animation or pictorial information. Claims 61-63 are rejected in that the display 30 of Dunning et al shows instructions on how to use the device, which is educational. Claim 65 is rejected in the the processor receives and executes a program.

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

Claims 1-10, and 13-16, 19-22 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bornn et al 5348008 in view of Fujimoto 5339821.

Bornn et al shows a system for health monitoring including a central server 4000 in figure 2a, which receives data and communicates data, a microprocessor 1006 based system and memory 1008, which provides a digital signal through a/d

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converter 1036 which are signals "indicative of air flow." The respiration sensors or Bornn are chest expansion transducers 26. These transducers provide a signal indicative of the expansion of the chest and the signal varies with inspiration and expiration. As such, the signal is "representative of airflow." The microprocessor-based system also sends data to the central server over link 1002. In addition, the central server is in communication with a health care professional computer at location 5000 which receives patient data (see column 8, line 19) including respiratory data. The examiner notes that the microprocessor based system is a home based unit and has an audio system for indicating information such as alerts to the patient, but does not have a display. Fujimoto shows a similar system for use by a patient at home while being monitored remotely that includes a display at the patient site to allow the patient to receive instructions on how to use the system, allow communication between the patient and a medical professional, and also to display the data to the patient. Such a system ensures proper use of the device and improves communication between the patient and medical personnel. Therefore, it would have been obvious to modify Bornn et al to include a display in communication with the microprocessor, to improve the accuracy of results and simplify a communication. Claim 2 is rejected in that the signal from the chest expansion transducer changes when a breath of air is expelled. Claims 3 and 4 are rejected in that the system of Bornn is used in self care monitoring. Claim 5 is rejected in that the system further includes a data management unit, multiplexer 1022, and a plurality of sensors that are directly received by the data management unit.

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Claim 6 is rejected in that the system monitors a patient's condition and facilitates communicating data to the server 4000. Claim 7 is rejected in that the monitoring device includes a pulse sensor. Claim 8 is rejected in that the microprocessor and memory are attached to the vest of Bornn, which is capable of being held in a hand. Claims 9 and 10 are rejected in that the combined processor and display of the combination are "capable" of displaying pictorial or animated data, depending on programming. While there is not necessarily a teaching of doing so, the display is certainly capable of doing so. Claim 13 is rejected in that Fujimoto further teaches including a personal computer at the home site, to enable more efficient communication. Hence, it would have been obvious to modify the above combination to include a computer, to enable improved communication. Claim 14 is rejected in that Fujimoto further teaches printing a result of the diagnosis to provide information to the patient as to his or her condition. As such, the system processes a report. It would have been obvious to modify the system of Bornn to provide a report to the patient as to his or her condition, to fully educate the patient as to the nature of the condition and to allow proper care to be pursued. Claim 15 is rejected in that the exact nature of the report would have been a mere matter of design choice for one skilled in the art. Claim 16 is rejected in that inherently, the data in the report is for a "period of time." Claim 19 is rejected in that the information on the display includes instructions for use, presumably step by step instructions. Claim 20 is rejected in that instructions are "educational." Claim 21 is rejected in that while the combination does not specifically state that the display is menu driven, the

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examiner takes official notice that menu driven displays were well known at the time of applicant's invention. Claim 22 is rejected in that memory 1008 stores an operating program.

Claims 1-10, and 13-16, 19-22 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bornn et al 5348008 in view of Pennock 49601187 and Fujimoto 5339821. Bornn et al shows a system for health monitoring including a central server 4000 in figure 2a, which receives data and communicates data, a microprocessor 1006 based system and memory 1008, which provides a digital signal through a/d converter 1036 which are signals respiratory signals. Pennock shows a system where a chest expansion sensor is used to measure flow rate. As such, it would have been obvious to modify Bornn et al to further measure flow rate, to provide the medical personnel with a more complete picture of the patient's condition. The microprocessor-based system also sends data to the central server over link 1002. In addition, the central server is in communication with a health care professional computer at location 5000 which receives patient data (see column 8, line 19) including respiratory data. The examiner notes that the microprocessor based system is a home based unit and has an audio system for indicating information such as alerts to the patient, but does not have a display. Fujimoto shows a similar system for use by a patient at home while being monitored remotely that includes a display at the patient site to allow the patient to receive instructions on how to use the system, allow communication between the patient and a medical professional, and also to display the data to the patient. Such a system ensures proper use of the device and improves

communication between the patient and medical personnel. Therefore, it would have been obvious to modify Bornn et al to include a display in communication with the microprocessor, to improve the accuracy of results and simplify a communication. Claim 2 is rejected in that the signal from the chest expansion transducer changes when a breath of air is expelled. Claims 3 and 4 are rejected in that the system of Bornn is used in self care monitoring. Claim 5 is rejected in that the system further includes a data management unit, multiplexer 1022, and a plurality of sensors that are directly received by the data management unit. Claim 6 is rejected in that the system monitors a patient's condition and facilitates communicating data to the server 4000. Claim 7 is rejected in that the monitoring device includes a pulse sensor. Claim 8 is rejected in that the microprocessor and memory are attached to the vest of Bornn, which is capable of being held in a hand. Claims 9 and 10 are rejected in that the combined processor and display of the combination are "capable" of displaying pictorial or animated data, depending on programming. While there is not necessarily a teaching of doing so, the display is certainly capable of doing so. Claim 13 is rejected in that Fujimoto further teaches including a personal computer at the home site, to enable more efficient communication. Hence, it would have been obvious to modify the above combination to include a computer, to enable improved communication. Claim 14 is rejected in that Fujimoto further teaches printing a result of the diagnosis to provide information to the patient as to his or her condition. As such, the system processes a report. It would have been obvious to modify the system of Bornn to provide a report to the patient as to his or her

condition, to fully educate the patient as to the nature of the condition and to allow proper care to be pursued. Claim 15 is rejected in that the exact nature of the report would have been a mere matter of design choice for one skilled in the art. Claim 16 is rejected in that inherently, the data in the report is for a "period of time." Claim 19 is rejected in that the information on the display includes instructions for use, presumably step by step instructions. Claim 20 is rejected in that instructions are "educational." Claim 21 is rejected in that while the combination does not specifically state that the display is menu driven, the examiner takes official notice that menu driven displays were well known at the time of applicant's invention. Claim 22 is rejected in that memory 1008 stores an operating program.

Claims 11, 12, 17, 18, and 23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bornn et al in view of Fujimoto as applied to claims 1-10, 14-16 and 19-22 above, and further in view of Rosenthal et al 5077476. With respect to claims 11, 12, and 23, Rosenthal teaches that it is known in medical devices to provide a removable memory cartridge, to allow the programming of the system to be updated simply by swapping out the memory. As such, it would have been obvious to modify the combination to include a removable memory, to allow the system to be upgraded more easily. Claim 17 is rejected in that the information on the display includes a message, including instructions and alerts as well as messages from medical personnel to the user of the device, i.e. a specific person.

Claims 11, 12, 17, 18, and 23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Bornn et al in view of Pennock and Fujimoto as applied to claims 1-10, 14-16 and 19-22 above, and further in view of Rosenthal et al. With respect to claims 11, 12, and 23, Rosenthal teaches that it is known in medical devices to provide a removable memory cartridge, to allow the programming of the system to be updated simply by swapping out the memory. As such, it would have been obvious to modify the combination to include a removable memory, to allow the system to be upgraded more easily. Claim 17 is rejected in that the information on the display includes a message, including instructions and alerts as well as messages from medical personnel to the user of the device, i.e. a specific person.

Claims 24-33 and 35-44 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fujimoto in view of Dunning et al 4296756. Fujimoto shows a method including monitoring patient parameters at a patient location using a system including a patient location having a microprocessor based system including a display 14, a microprocessor 25, and a memory 33, presenting information on the display to the user (see abstract for example). Fujimoto further provides the data to a health care provider. Fujimoto teaches a variety of parameters to monitor, but does not monitor air flow. However, Dunning et al teaches that air flow is another parameter known to be monitored remotely in a system like that of Fujimoto. Hence, it would have been obvious to modify Fujimoto to measure airflow, as it is merely the substitution of one known parameter for another. The combination does not digitize the data prior to

sending. Dunning et al further teaches that at the time of applicant's invention, it was well known to digitize data prior to transmission, to eliminate interference from measurements. Hence, it would have been obvious to modify the above combination to use digital data, to increase the accuracy of the measurements. Claim 25 is rejected in that the airflow occurs upon exhalation. Claims 26 and 27 are rejected in that the combination monitors patient's with chronic respiratory measurements. Claim 28 is rejected in that Fujimoto includes a data management unit 2 and a monitoring device 1 connected thereto. Claims 29 and 30 are rejected in that Fujimoto monitors and transmits blood pressure data. Claim 31 is rejected in that the terminal of Fujimoto may be hand held. Applicant should recite the structure that allows the device to be handheld. Claims 32, 33, and 36-38 are rejected in that, as discussed above, it is well known to include graphs, picture and animated information on medical report. Claim 35 is rejected in that the terminal 1 is a personal computer. Claim 39-42 are rejected in that the display of Fujimoto displays instructions to the user. Claim 43 is rejected that it is well known to use a menu driven system for such information. Claim 44 is rejected in that memory 33 stores a program.

Claims 34 and 45 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fujimoto in view of Dunning et al, as applied to claims 25-33 and 35-43 above, and further in view of Rosenthal et al 5077476. Rosenthal teaches that it is known in medical devices to provide a removable memory cartridge, to allow the programming of the system to be updated simply by swapping out the memory. As such, it would have been obvious to modify the

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combination to include a removable memory, to allow the system to be upgraded more easily.

Claims 34 and 45 are rejected under 35 U.S.C. 103(a) as being unpatentable over Fujimoto in view of Dunning et al, as applied to claims 25-33 and 35-43 above, and further in view of Rosenthal et al 5077476. Rosenthal teaches that it is known in medical devices to provide a removable memory cartridge, to allow the programming of the system to be updated simply by swapping out the memory. As such, it would have been obvious to modify the combination to include a removable memory, to allow the system to be upgraded more easily.

Claims 52, 58, 59, and 60 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dunning et al in view of Fujimoto. With respect to claim 52, Fujimoto teaches monitoring multiple parameters, including the enumerated ones. Therefore, it would have been obvious to modify Dunning to measure at least one of the listed parameters, to get a better idea of the patient's overall health. Claims 58-60 are rejected in that as discussed above. Fujimoto teaches displaying a report to the patient to inform the patient of the condition. As such, it would have been obvious to modify Dunning to display the report, as it is merely the substitution of one known display technique for another.

Claims 56, 57, 66-70, 73, 74, and 78-82 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dunnning et al in view of Rosenthal et al 5077476. Dunning teaches all of the elements of these claims, as discussed above, further noting that the ROM 36 can be comprised on multiple ROM chips

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(see column 7, lines 4-5). In addition, Rosenthal teaches that it is known in medical devices to provide a removable memory cartridge, to allow the programming of the system to be updated simply by swapping out the memory. As such, it would have been obvious to modify the combination to include have all ROM chips be removable memory chips, to allow the system to be upgraded more easily. Claims 81 is rejected in that the examiner takes official notice that it would have been obvious to use a menu driven display, as such displays were well known at the time of applicant's invention.

Claim 64 is rejected under 35 U.S.C 103(a) as being unpatentable over Dunning et al. Claim 64 is rejected in that the examiner takes official notice that it would have been obvious to use a menu driven display, as such displays were well known at the time of applicant's invention.

Claims 71, 72, and 75-77 are rejected under 35 U.S.C. 103(a) as being unpatentable over Dunning et al in view of Rosenthal et al, as applied to claims 56, 57, 66-70, 73, 74, 78, 79, and 81-82 above, further in view of Fujimoto. With respect to claim 52, Fujimoto teaches monitoring multiple parameters, including the enumerated ones. Therefore, it would have been obvious to modify Dunning to measure at least one of the listed parameters, to get a better idea of the patient's overall health. Claims 75-77 are rejected in that as discussed above. Fujimoto teaches displaying a report to the patient to inform the patient of the condition. As such, it would have been obvious to modify Dunning to display the report, as it is merely the substitution of one known display technique for another.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert L. Nasser whose telephone number is 571 272-4731. The examiner can normally be reached on m-f 9-5.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Charles Marmor II can be reached on 571 272-4730. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Robert L. Nasser Primary Examiner Art Unit 3735

RLN May 30, 2006

> ROBERT L. NASSER FREMERY EVAMINER

Rolet & Mason